

Please return your application to: Planning Manager,  
22560 SW Pine Street, Sherwood, OR 97140, or fax to 503-625-4206  
or e-mail to [kilbyb@sherwoodoregon.gov](mailto:kilbyb@sherwoodoregon.gov), Thank you.



### APPLICATION FOR THE SHERWOOD WEST COMMUNITY ADVISORY COMMITTEE

Thank you for your interest and willingness to serve on the Sherwood West Community Advisory Committee. To follow are questions that will help when making appointments.

1. Name \_\_\_\_\_
2. Address \_\_\_\_\_
3. Phone # (S) \_\_\_\_\_  
(Please identify as home, office, mobile, etc)
4. E-mail address \_\_\_\_\_
5. Are you a resident in the Sherwood West Planning Area or within the existing city limits? \_\_\_\_\_
6. If not, are you representing a property owner or other stakeholder? If so, which one? \_\_\_\_\_
7. What are your major areas of interest in regards to participating on the Community Advisory Committee?  
\_\_\_\_\_  
\_\_\_\_\_

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**If you have any questions, please contact Brad Kilby at (503)625-4206.**